

EXCEPTIONS CRITERIA FOR HUMIRA BIOSIMILARS

For Value Formulary (VF)

POLICY

This policy informs prescribers of formulary alternatives and provides an exception process for non-formulary products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to non-formulary medications. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the formulary alternatives and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

II. EXCEPTION CRITERIA

Coverage of the targeted product is provided if the member has had a documented inadequate response, intolerable adverse reaction, or contraindication to at least three of the formulary alternatives or all formulary alternatives if there are less than three.